

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 866

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 52			
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 20 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN REPUBLIC		8390			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				d. STREET ADDRESS (If rural, give location) ROUTE 1, BOX 36					
3. NAME OF DECEASED (Type or Print) a. (First) BARNUM		b. (Middle) B.		c. (Last) WADE		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 18, 1950			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 2, 1893			
9. AGE (in years last birthday) 56		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) REPUBLIC, MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES WADE		13b. MOTHER'S MAIDEN NAME DARTHITA DENNY		14. NAME OF HUSBAND OR WIFE HAZEL WADE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA RECORDS VA HOSPITAL, SPRINGFIELD, MISSOURI		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis, primary in stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 151X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec. 29, 1949, to Jan. 18, 1950, that he was deceased on Jan. 18, 1950, and that death occurred at 8:15 p.m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Paul E. Smith</i> Chief (Degree or title)				23b. ADDRESS VA Hospital Springfield, Missouri		23c. DATE SIGNED 1-19-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-20-50		24c. NAME OF CEMETERY OR CREMATORY Trade Chapel		24d. LOCATION (City, town, or county) (State) Republic Mo.			
DATE REC'D BY LOCAL REG. 1-20-50		REGISTRAR'S SIGNATURE <i>W. F. Handley</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Edman Schaff</i>		ADDRESS Springfield Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 7 1950

0961 7 T N708

MAY 18 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed *L. Doolin Gorman*

Signed
Student Embalmer

Licensed Embalmer No. *3177*

P. O. Address *Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.